

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/591670*

FILING DATE

**25 JUL 2007**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		R		R		
4		D		R		
5		D		R		
6		D		R		
7		D		R		
8		D		R		
9		D		R		
10		D		R		
11	/		/			
12		/		/		
13		R		R		
14		D		R		
15		D		R		
16		D		R		
17		D		R		
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TOTAL IND.	2	↓	R	↓		↓
TOTAL DEP.	17	←	28	←		←
TOTAL CLAIMS	19		30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						